

| MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) | | | | | | | SERIAL NO. 10/23000 33 <small>APPLICANT(S)</small> | FILING DATE | | | | | |
|--|----------|------|------------------------|------|------------------------|------|---|-------------|------|------|------|------|------|
| CLAIMS | | | | | | | | | | | | | |
| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | | | | | | | | |
| | IND. | DEP. | IND. | DEP. | IND. | DEP. | | IND. | DEP. | IND. | DEP. | IND. | DEP. |
| 1 | | | | | | | 61 | | | | | | |
| 2 | | | | | | | 62 | | | | | | |
| 3 | | | | | | | 63 | | | | | | |
| 4 | | | | | | | 64 | | | | | | |
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| TOTAL IND. | | | | | | | TOTAL IND. | | | | | | |
| TOTAL DEP. | | | | | | | TOTAL DEP. | | | | | | |
| TOTAL CLAIMS | | | | | | | TOTAL CLAIMS | | | | | | |